

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

1335

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

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| 1. PLACE OF DEATH A. COUNTY <u>Gila</u> B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN <u>Miami</u>) C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <u>50 min. 30 yrs</u> D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>Miami Copper Mining Co.</u> | 2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> B. COUNTY <u>Gila</u> C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <u>Globe</u> D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>388 S. Devereaux St.</u> | |
| | 3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>William</u> B. (MIDDLE) <u>Jacob</u> C. (LAST) <u>Cope</u> | |
| 4. SEX <u>male</u> | 5. COLOR OR RACE <u>white</u> | |
| 6. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 7. DATE OF BIRTH MONTH <u>July</u> DAY <u>6</u> YEAR <u>1900</u> | 8. AGE YEARS <u>50</u> MONTHS <u>7</u> DAYS <u>26</u> |
| 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED) <u>timberman-mining</u> | 9B. KIND OF BUSINESS OR INDUSTRY <u>copper-mining</u> | |
| 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Oklahoma</u> | 11. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | |
| 12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>no</u> | 13. SOCIAL SECURITY NO. <u>526-09-4426</u> | |
| 14A. FATHER'S NAME <u>Henry Thomas Cope</u> | 14B. BIRTHPLACE (STATE OR COUNTRY) <u>N. Carolina</u> | 15A. MOTHER'S MAIDEN NAME <u>Mary Ellen Bailey</u> |
| 16. INFORMANT'S SIGNATURE <u>Effie Cope</u> ADDRESS <u>Globe Arizona</u> | | 17. DATE OF DEATH (MONTH) <u>March</u> (DAY) <u>2</u> (YEAR) <u>1951</u> approx <u>6:15 P.M.</u> |
| 18. CAUSE OF DEATH ENTER ONE CAUSE PER LINE FOR (A), (B), (C). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTIONS. | | |
| MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>acute myocardial failure</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <u>acute myocardial</u> DUE TO (c) <u>thrombosis of coronary artery</u> II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. | | |
| 19A. DATE OF OPERATION | | 19B. MAJOR FINDINGS OF OPERATION |
| 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 21. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) | |
| 21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY) | 21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) | 21C. (CITY OR TOWN) (COUNTY) (STATE) |
| 21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR? |
| 22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____, 19____, TO _____, 19____, THAT I LAST SAW THE DECEASED ALIVE ON _____, 19____, AND THAT DEATH OCCURRED AT <u>6:15 P.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE. | | |
| 23A. SIGNATURE (DEGREE OR TITLE) <u>Marion Roseenthal M.D.</u> | | 23B. ADDRESS <u>St. Monica Hospital</u> |
| 23C. DATE SIGNED <u>3-3-51</u> | | |
| 24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/> | 24B. DATE <u>March 4, 1951</u> | 24C. NAME OF CEMETERY OR CREMATORY <u>Pinal Cemetery</u> |
| 24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Central Heights, Ariz.</u> | 25A. DATE REC'D BY LOCAL REG. <u>Mar 5 1951</u> | |
| 25B. REGISTRAR'S SIGNATURE <u>Arnold D. Brayton</u> | 25C. FUNERAL DIRECTOR'S SIGNATURE <u>Joseph Wacker</u> ADDRESS <u>Globe Arizona</u> | |
| 26. EMBALMER'S SIGNATURE <u>Frank G. Peak</u> | | 27. EMBALMER'S CERT. NO. <u>248-A</u> |